

Specified Critical Illness Insurance



How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and medical insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Covered Specified Critical Illnesses

For this illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%

The Maximum Benefit Amount for this policy is 100% of the face amount for each covered person. We will not pay more than 100% of the face amount for all covered Specified Critical Illnesses combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.

This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL1 (including state abbreviations where used, such as CI-1.0-TX).

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A Stock Company

LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS

OUTLINE OF COVERAGE (Applicable to Policy Form CI-1.0-NC)

PRE-EXISTING CONDITIONS - READ CAREFULLY

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's having a pre-existing condition during the first 12 months from the Policy Coverage Effective Date of the policy. Pre-existing condition means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the Policy Coverage Effective Date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to **READ THE POLICY CAREFULLY.**

Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Critical Illness. The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide coverage ONLY for Specified Critical Illnesses and for certain health screening tests, subject to any limitations or exclusions in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits only if the Date of Diagnosis of Specified Critical Illness or the performance of a health screening test is while your policy is in force. Any health screening test performed before the Policy Coverage Effective Date will not be covered.

**Premiums vary depending on the amount of coverage you chose at time of application.
The amount of coverage you chose is shown on the Policy Schedule.**

BENEFITS

Specified Critical Illness Benefit

Face Amount for Named Insured	\$ _____
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	25% of face amount for Named Insured

The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.

We will pay this benefit if a covered person is diagnosed with one of the Specified Critical Illnesses shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Critical Illness is not excluded by name or specific description in the policy.

Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%

Maximum Benefit Amount for Specified Critical Illness: \$_____

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount for Specified Critical Illness shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

We will pay the benefit for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D only once per lifetime per covered person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, we will pay only one Specified Critical Illness benefit. We will pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses defined in the policy.

Benefits Payable Upon Subsequent Diagnosis.

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with a different Specified Critical Illness, we will pay the Specified Critical Illness benefit as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for a Specified Critical Illness; and the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with the same Specified Critical Illness (other than Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D), we will pay an amount equal to 25% of the Face Amount for the covered person as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for the same Specified Critical Illness; and the covered person has not received treatment during the 180 days between the Dates of Diagnosis for the same Specified Critical Illness. For purposes of the preceding sentence, treatment does not include medications and follow-up visits to the covered person's Doctor; the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

We will not pay more than the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule has been paid.

Benefit Reduction

The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75. All Specified Critical Illness benefits payable after that date will be based on the reduced Face Amount and the reduced Maximum Benefit Amount.

Health Screening Benefit

Amount: \$50/Year

We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemocult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, thinprep pap test, and virtual colonoscopy.

DEFINITIONS

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Blindness means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes. The following are not to be construed as blindness for purposes of the policy: if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; if the covered person has not attained age three or above on the Date of Diagnosis, and if the covered person's reduction of sight as defined above occurs prior to the Policy Coverage Effective Date of the covered person's coverage under this policy.

Calendar Year means the period beginning on the Policy Coverage Effective Date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Cardiologist means a Doctor who is licensed to practice medicine and who is also licensed to practice by the American Board of Internal Medicine in the subspecialty of cardiovascular disease.

Coma means a continuous state of profound unconsciousness resulting from a Covered Accident or a Covered Sickness, characterized by the absence of: eye opening, motor response, and verbal response. The condition must require intubation for respiratory assistance. The term "Coma" does not include any medically induced coma.

A **Covered Accident** is an accident that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and, is not excluded by name or specific description in the policy.

A **Covered Sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an accident, that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and is not excluded by specific name or specific description in the policy.

Coronary Artery Bypass Graft Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, excluding procedures such as, but not limited to, balloon angioplasty, valve replacement surgery, laser relief, stents or other non-surgical procedures.

Date of Diagnosis

- for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack (Myocardial Infarction) definition;
- for Stroke, the date a Stroke occurred based on neuroimaging or other neurodiagnostic study consistent with an acute or subacute infarction, hemorrhage, embolism, thrombosis and presence of neurological deficits persisting for a period of 30 days or greater;
- for End Stage Renal (Kidney) Failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for Major Organ Failure, the date that the covered person is placed on the UNOS list for transplantation;
- for Permanent Paralysis due to a Covered Accident, the date the Doctor confirms the Permanent Paralysis due to a Covered Accident has continued for a period of 180 consecutive days;
- for Coma, the date a Doctor confirms a coma resulting from a Covered Accident or a Covered Sickness has lasted seven or more consecutive days;

- for Blindness, the date the Doctor confirms the irreversible reduction of sight has continued for a period of 180 consecutive days;
- for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, the date of a positive antibody test for HIV or Hepatitis B, C or D subsequent to a prior negative test for the same condition with a lapse of between 90 and 180 days between the two tests; and
- for Coronary Artery Bypass Graft Surgery, the date the covered person undergoes the open heart surgery.

Dependent Children means any natural children, step-children, legally adopted children, foster children, children for whom the named insured is required by court or administrative order to provide coverage or children placed into your custody for adoption who are unmarried; and younger than age 26.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person that are allowed by his license. For purposes of this definition, Doctor or Physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

End Stage Renal (Kidney) Failure means chronic irreversible failure of the function of both kidneys such that the covered person must undergo at least weekly hemodialysis or peritoneal dialysis.

Heart Attack (Myocardial Infarction) means the ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by three or more of the following: atypical chest pain; electrocardiographic (EKG) changes indicative of myocardial infarction; elevation of biochemical markers of myocardial necrosis; and confirmatory imaging studies. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted.

A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D means diagnosis of Human Immunodeficiency Virus (HIV) infection or Hepatitis B, C or D resulting from exposure to HIV-contaminated or Hepatitis B-, C- or D-contaminated body fluids as the result of a Covered Accident during the normal course of performing an occupation for which remuneration is earned.

We will pay this benefit if: within five days of the Covered Accident, it is reported and recorded by the appropriate person according to the legislation, regulations, standards or guidelines that apply to the covered person's occupation or profession; the Covered Accident is investigated and a written investigation report is provided to us by the covered person's employer; a confirmatory antibody HIV or Hepatitis B, C or D test is taken within five days of the Covered Accident and HIV or Hepatitis B, C or D is not present; all HIV or Hepatitis B, C or D tests are performed by a state certified and licensed laboratory; and a follow-up confirmatory antibody HIV or Hepatitis B, C or D test is taken between 90 days and 180 days after the Covered Accident, and the result is positive.

Occupational HIV or Hepatitis B, C or D excludes: HIV or Hepatitis B, C or D infection as the result of IV drug use; HIV or Hepatitis B, C or D infection as the result of sexual transmission; and HIV or Hepatitis B, C or D infection determined not to have been the result of a Covered Accident.

Major Organ Failure means diagnosis of major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the covered person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

A **Pathologist** means a Doctor who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Permanent Paralysis due to a Covered Accident means the complete and permanent loss of the use of two or more limbs through paralysis as the result of a Covered Accident as defined in the policy for a continuous period of 180 days, as confirmed by a Doctor. Loss of use of two or more limbs through paralysis as the result of a Stroke will not be construed as Permanent Paralysis due to a Covered Accident for purposes of the policy.

Policy Anniversary Date occurs annually on the same date and in the same month as the date for which we first received premium.

Pre-existing Condition means having a sickness or physical condition for which any covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the Policy Coverage Effective Date of this policy. If a

covered person is 65 or older when the policy is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated by rider.

Specified Critical Illness means one of the Specified Critical Illnesses shown on the Policy Schedule.

Stroke means an acute or subacute cerebrovascular incident, including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis.

The diagnosis must be supported by: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of the policy: transient ischemic attack; brain injury related to trauma or infection; brain injury associated with hypoxia/anoxia or hypotension; vascular disease affecting the eye or optic nerve; and ischemic disorders of the vestibular system. In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's:

1. Addiction to alcohol or drugs, except for drugs administered on the advice of his Doctor.
2. Committing or attempting to commit a felony or engaging in an illegal occupation.
3. Being intoxicated or under the influence of any narcotic unless administered on the advice of his Doctor.
4. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.
5. Having a psychiatric or psychological condition including, but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
6. Committing or trying to commit suicide, or his injuring himself intentionally, while he is sane or insane.
7. Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.